

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926763

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		①		1		
7		①		1		
8		①		2		
9		①		2		
10		①		1		
11		①		1		
12		①		1		
13		①		2		
14	1		1			
15		1		1		
16		1		1		
17		3		1		
18		①		1		
19		①		1		
20		①		1		
21		①		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		2		
27	1		1	①		
28		1		1		
29		2		2		
30		①		2		
31		①		2		
32				2		
33				1		
34				1		
35			1			
36				1		
37				2		
38				2		
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TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	33	↓	35	↓		↓
TOTAL CLAIMS	36	↓	43	↓		↓

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS